# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

OWNER

SIGNATURE: JOSE L. DIAZ

Entity Name: ALLASSO WELLNESS COUNSELING LLC

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Current Principal Place of Business:

1735 WEST 65TH STREET HIALEAH, FL 33012

## **Current Mailing Address:**

DOCUMENT# L10000105429

1735 WEST 65TH STREET HIALEAH, FL 33012

### FEI Number: 27-3709421

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGR	Title	S
Name	DIAZ, JOSE L	Name	DIAZ, JOSE L
Address	1735 WEST 65TH STREET	Address	1735 WEST 65TH STREET
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No

Date

04/27/2013